Name In Full

Mrs. Mary E. Bankard

Certificate of Death

Died at Town: Union Town

County: Carroll

MARYLAND

Date 189 9 Month: Oct. Day: 15

Age Y. 60 M. 9 D. 29

Nativa of

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 2

Husband of

Wife

Father's Name

Mother's Nama 26

Cause of Death — Primary: Inflammatory Rheumatism — How long sick: 25 yrs.

Immediate

Accident, Suicida, Homicide

Reported by "Carroll Record"

Address

Oct 21/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU. 79808

Name in Full — Certificate of Death

Margaret S. Boone

Died at — Town: Winfield — County: Carroll — MARYLAND

Date 189 9 — Month: Oct — Day: 4 — Age: Y. 80 M. 8 D. 11 — Native of: Md. — Occupation: Retired

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Husband~~ / Wife of: George W. Boone 22a

Father's Name: John Shoemaker — Mother's Name: Not given

Cause of Death — Primary: Fibroid Tubercular of Lungs — How long sick: Ten years.

Immediate: Exhaustion of Heart. — ~~Accident, Suicide, Homicide~~

Reported by: A. T. Crouse M.D.

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full — Mary A. Bushey — Certificate of Death

Town: Towson — County: Baltimore — Died at, MARYLAND

Date 189 6 — Month: Oct — Day: 5 — Age: Y. 83 M. — D. — Native of: Pa — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 5

~~Husband~~ / Wife of John Burley

Father's Name: Kepner — Mother's Name: [illegible]

Cause of Death — Primary: Old age 141 — How long sick: 2 hrs

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Lizzie Tipp

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79108

Name In Full G. Dewey Reby Carroll Md —

Certificate of Death

Died at Town Hampstead County Carroll MARYLAND

Date 189 7 Month 10 - 1 Day | Age Y, 1 - M. 12 D. | Native of Md — | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name Chas Reby Mother's Name Molly Reby

Cause of Death — Primary Pneumonia — How long sick 4 weeks

Immediate Exhaustion 82 — Accident, Suicide, Homicide

Reported by L E Bretz Md

Address Hampstead Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Name in Full

Certificate of Death

Mrs. Mary Hager

Died at Town Stordsburg County Carroll MARYLAND

Date 1899 Month Dec Day 13 | Age Y. 85 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living 6

Husband of
Wife

Father's Name

Mother's Neme

Cause of Death { Primery 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Enterprise 10-6

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Neme in Full

Certificate of Death

Ethel R Hatfield

Died at Town: Sams Creek County: Carroll MARYLAND

Date 189 Month: 10 Dey: 28 | Age Y.: 0 M.: 2 D.: 4 | Native of | Occupation

~~Male~~ White | Married | Widow | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband / Wife of

Father's Neme: Chas Hatfield

Mother's Name: Julia J Hatfield

Cause of Death: Primery

Immediete: 161

How long sick

Accident, Suicide, H[illegible]

Reported by C P Bair

Address New Windsor Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner_____

of_____

Attended by Dr. Ben Franklin

of_____

Information contained in this certificate received from_____

of_____

Name in Full John Haun

Certificate of Death

Died at Town Emmitsburg County Carroll MARYLAND

Date 189 4 Month 10 Day 8 | Age Y. 72 M. D. | Native of | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Mary Haun

~~Wife~~

Father's Name

Mother's Name

Cause of Death { Primary Uremia 5-2 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel

Address [redacted] 10-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Henry Kirchhoff

Certificate of Death

Town [illegible] County Carroll MARYLAND

Died at [illegible]

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	10	2	79	1	2	Germany	Merchant

Male ~~Female~~ White Colored Married Single ~~Widow~~ Widower Divorced

Number of children living 4

Husband of Wife [illegible]

Father's Name [illegible]

Mother's Name [illegible]

Cause of Death: Primary Arterio Sclerosis 97 — How long sick

Immediate Cerebral Hemorrhage — Accident, ~~Suicide~~, Homicide

Reported by J E Bell M.D.

Address Taneytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY PROPERTY 79888

Name in Full — Certificate of Death

Town — County

Died at near Sykesville Carroll MARYLAND

Date 189 9 Month 10 Day 8 | Age Yr. 75 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary: Odema failure 155-b | Immediate:

How long sick 2 days.

Accident, Suicide, Homicide

Reported by American Sentinel

Address [redacted] 10-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Jno. M. Turner, Esq.

Name In Full — Certificate of Death

Mordecai C. McKinney.

Town — County

Died at Union Bridge, Carroll, MARYLAND

Date 1899 Month Oct Day 17 | Age Y. 48 M. — D. — | Native of Maryland | Occupation Miller.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 2

Husband ~~Wife~~ of Jennie E. Englar.

Father's Name Samuel McKinney | Mother's Name Mary Ann Fuckman

Cause of Death — Primary: Brights Disease — How long sick 7 Years

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by S. R. Andrew 97

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

John Penn

Diod at Town: Mount Airy County: Carroll MARYLAND

Date 189 9 Month: Oct Day: 8 | Age Y. 67 M. 4 D. 19 | Native of Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Susan Franklin

Father's Name: John Penn

Mother's Name: Susan Franklin

Cause of Death: Primary — Apoplexy — 42 — How long sick: 3 days

Immediate — "

~~Accident, Suicide, Homicide~~

Reported by Louis Albaugh Physician

Address Long. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Anna Repp ✓

Certificate of Daath

Died at Town: New Windsor County: Carroll MARYLAND

Date 189 Month 10 Day 28 | Aga Y. 72 M. 9 D. 3 | Native of Carroll Co | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 5

Husband / Wife of

Fathar's Name

Mother's Name

Cause of Death: Primary — Cancer of Breast — How long sick 1 yr 6 months

Immediate — 25c — Accident, Suicide, Homicide

Reported by O P Bair

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner _____

of _____

Attended by Dr. John Buttonshaw

of New Windsor Md

Information contained in this certificate received from Chas W Burle

of _____

Name in Full

Jacob Sauble

Certificate of Death

Died at Town Gamewood County Carroll MARYLAND

Date 189 Month 10 Day 1 | Age Y. 83 M. 10 D. 14 | Native of Md | Occupation Retired

Male White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 144 — How long sick

Immediate Lym Adenitis — Accident, Suicide, Homicide

Reported by E F Bauer

Address New Windsor

F OVER

F OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner.....

of.....

Attended by Dr. G H Brun

of New Windsor

Information contained in this certificate received from G P Bond

of.....

Name In Full — Certificate of Death

Hannah Saylor

Died at Town: Union Bridge, County: Carroll — MARYLAND

Date 189 — Month: Oct, Day: 9 — Age: Y. 79, M. 11, D. 6 — Native of: Maryland — Occupation:

Female — White — ~~Married~~ — Widow — Divorced

Number of children living: 5

~~Husband~~ of Wife: Reuben Saylor

Father's Name: Samuel Smith — Mother's Name: Catherine Smith

Cause of Death — Primary: Cerebral Softening — How long sick: 1 d

Immediate: 43 — Accident, Suicide, Homicide

Reported by: G. R. Markel

Address: Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

Name in Full

Certificate of Death

Daniel Forney Shriver

Died at Town: Westminster County: Carroll MARYLAND

Date 189 9 Month: Oct Day: 22 | Age Y. 82 M. 7 D. 4 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 7

Husband of Wife Wealthea Ann Blizzard

Father's Name Abraham Shriver | Mother's Name Anna M. Forney.

Cause of Death: Primary — General debility — How long sick 2 weeks.

Immediate — 141

Accident, Suicide, Homicide

OVER

Reported by Frank E Shaver Undertaker

Address Westminster Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899

Attended by Dr. Jos J Henry

of Westminster Md

Seen by Coroner _____

of _____

Information contained in this certificate was received from _____

of _____

Name in Full

Mrs. E. B. Simpson

Certificate of Death

Died at Town: Harney County: Carroll MARYLAND

Date 189 9 Month 10 Day 17 | Age Y. 60 M. D. | Native of | Occupation M. D.

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Warfield Simpson

Mother's Name 1420

Cause of Death — Primary: Shot herself with a

Immediate: revolver

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by American Sentinel Oct. 14th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mrs. Margaret Shriver

Certificate of Death

Died at Town: Union Bridge County: Carroll MARYLAND

Date 189 9 Month: Oct Day: 18 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

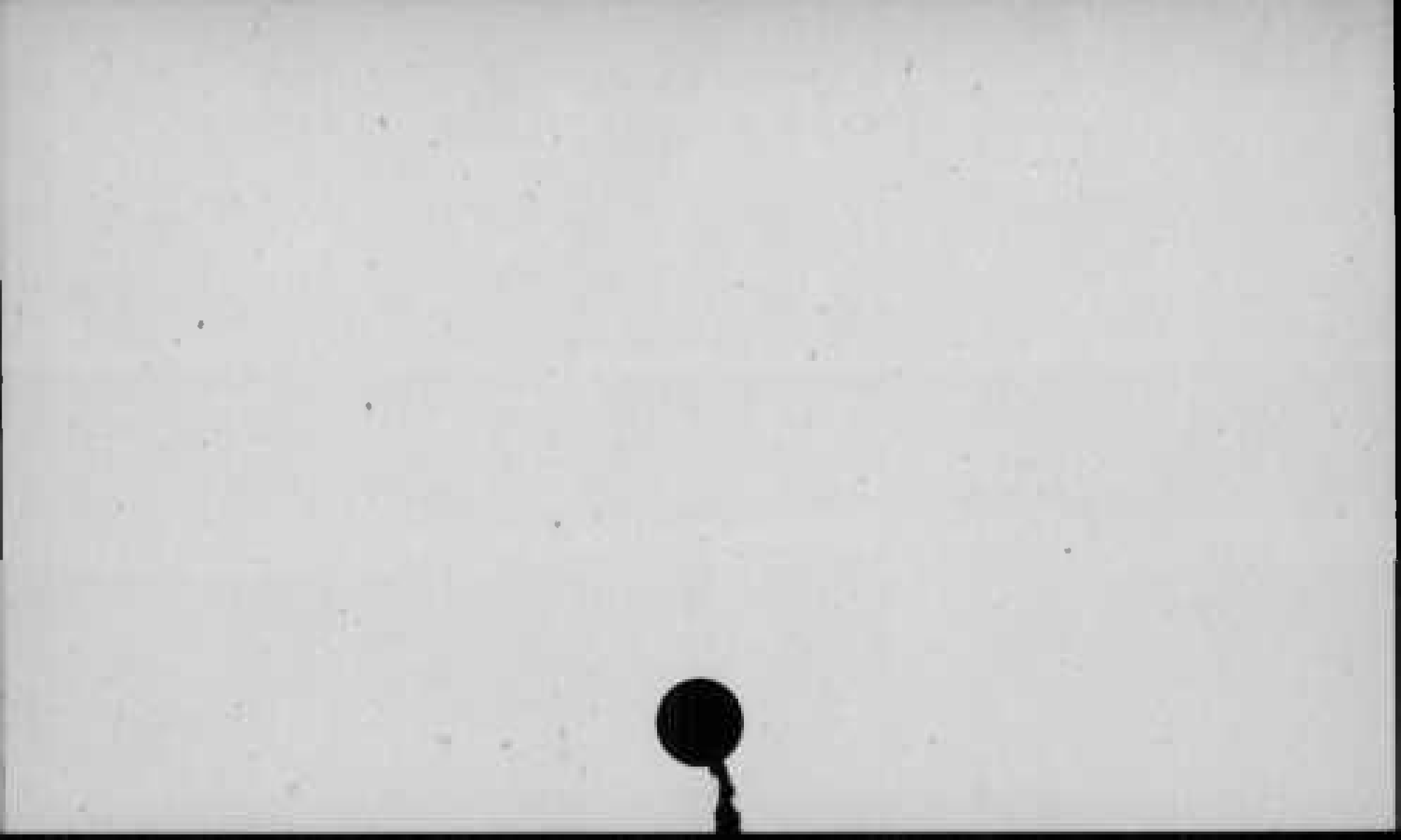
Reported by Carroll Record

Address

Oct 21/99

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Joseph Stone

Certificate of Death

Died at near Town Sandy Bottom County Carroll MARYLAND

Date 189 9 Month 10 Day 1 | Age Y. 86 M. 3 D. 29 | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living 4

Husband of
Wife

Father's Name

Mother's Name 141

Cause of Death — Primary: General debility — Immediate:

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address 10-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 70898

Name in Full Mrs. Kate Stull

Certificate of Death

Died at Town Uniontown County Carroll MARYLAND

Date 189 9 Month Oct. Day 15 | Age Y. 79 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 16 | Immediate | How long sick

Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898